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PTO/SB/21 (08-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/634,457
	Filing Date	8/5/2003
	First Named Inventor	BAKER, William J.
	Art Unit	2837
	Examiner Name	SALATA, Anthony
Total Number of Pages in This Submission	Attorney Docket Number	GRA110/109733

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Richard P. Stitt
Signature	
Date	July 07, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005**Complete If Known**

Application Number	10/634,457
Filing Date	8/5/2003
First Named Inventor	BAKER, William J.
Examiner Name	SALATA, Anthony
Art Unit	2837
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OFFICE OF PETITIONS☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 525.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account. Deposit Account Number: 12-1660 Deposit Account Name: Shughart Thomson & Kilroy

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		
Fee (\$)	Fee Paid (\$)	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition Fee: RCE Fee

Fees Paid (\$)

\$525.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 35,693	Telephone 816-421-3355
Name (Print/Type)	Richard P. Stitt	Date	July 07 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TELECOPIER TRANSMITTAL SHEET			
To: United States Patent and Trademark Office		FAX#: 703-872-9306	
FROM: Richard P. Stitt		DATE: June 28, 2004	
RE: U.S. Serial No. 10/634,457 Inventor: BAKER, William J. Title: Coordinated Lift System		Examiner Name: Anthony Salera	
CLIENT MATTER CODE: GRA110/101157/			
Please file the attached Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address in the above-identified patent application file.			
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(816) 421-3355
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FAXED**TELECOPIER TRANSMITTAL SHEET**

To: United States Patent and
Trademark Office

FAX#: 703-872-9306

FROM: Richard P. Stitt

DATE: June 28, 2004

RE: U.S. Serial No. 10/634,457
Inventor: BAKER, William J.
Title: Coordinated Lift System

Examiner Name: Anthony Salata

CLIENT MATTER CODE: GRA110/101157/

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